

Willoughby Hills Girls Softball Registration 2015

12/13/14 – 3/2/15

Divisions* based upon child's age at cut-off date indicated below;
(Please circle appropriate category)

Slow-Pitch Pixie 8u (Coach Pitch) as of January 1, 2015
Fast-Pitch 10u 12u 14u 17u as of January 1, 2015

Divisions based on number of applicants and skill level

Cost: Coach-pitch (Pixie) \$50.00 per player **Fast Pitch:** \$65.00 per player

*****Families with more than one player will be charged \$65 for the first player, and \$50 for each additional player**

Make checks payable to **City of Willoughby Hills**, 35405 Chardon Rd., Willoughby Hills OH 44094

Player's Name: _____ Division: _____

Date of Birth: _____ Age at Cut-off date (see above): _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ E-mail: _____

Mother's Name: _____ Work () _____ Cell: () _____

Father's Name: _____ Work () _____ Cell: () _____

Birth Certificate
Validation:
☐ Yes
☐ No

Interested in volunteering as a coach, manager, or coordinator? ☐ yes ☐ no

FOR MORE INFO: 440-975-3540 recreation@willoughbyhills-oh.gov

**NOTE: SIGN-UPS AFTER MARCH 2nd WILL BE ASSESSED A \$25.00 LATE FEE
PLACEMENT WILL BE BASED ON SPACE AVAILABILITY.**

IN CASE OF EMERGENCY

Contact: _____ Relationship: _____ Phone: (____) _____

Name of family doctor: _____ Phone (____) _____

Does your child have any allergies ☐ no ☐ yes _____

Does your child have any medical conditions ☐ no ☐ yes _____

Shirt Size (circle one)

Youth Adult
S M L S M L XL

Pant Size (circle one)

Youth Adult
S M L XL S M L XL

I/We the parents/guardian of the above, who is a candidate for Willoughby Hills Girls Softball, hereby give my/our approval for her participation during the 2015 season. I/We assume all risks and hazards, direct & incidental to the conduct of the activity and transportation to and from the activity. I/We hereby release, absolve and hold harmless the City of Willoughby Hills, Willoughby Hills Girls Softball sponsors, employees, organizers, agents, representatives and supervisors, any or all of them. I/We hereby waive all claims, demands of any nature, causes of action or any other matter against them, releasing responsibility from any person transporting my/our child to and from the activity. I/We will furnish a certified birth certificate on the above candidate upon request. In case of injury, I/We the parents of the above named child will assume full responsibility for any claims resulting from injury. I/We further grant permission for medical treatment in the event of an emergency.

I agree to demonstrate good sportsmanship by demonstrating positive support for all players, coaches and officials.

Signature of Parent / Guardian _____ Date _____